SAMPLE FILLED-IN CHECKLIST

Use this checklist as a guide to completing your blank checklist. Are things important to you covered? How much is covered? How much do you pay?
THIS CHECKLIST IS ONLY AN EXAMPLE OF A PLAN. YOUR PLAN WILL PROBABLY VARY.

BENEFIT	COVERED OR IN EFFECT? (Yes or No)	HOW MUCH IS COVERED?	YOU PAY
Office visits	Yes	100% with co-pay	co-pay
Physical exams	Yes	(One per year) 100% with co-pay	co-pay
Diagnostics (lab work, medical procedures)	Yes	80%	20%
Emergency room visits	Yes	100% with co-pay	co-pay
Cardiac/advanced procedures	Yes	80% with lifetime limit of $20,000	20% and anything over $20,000
Hospitalization	Yes	80%	20%
Preventative care	No	(Not covered)	100%
Pre-existing conditions	No	(Excluded)	100%
Well-child exams	Yes	100% with co-pay	co-pay
Immunization	Yes	100% with co-pay	co-pay
Maternity care	No	(Not covered)	100%
Drug benefits	Yes	100% with co-pay	co-pay
Mental health coverage	Yes	80% with lifetime limit of $5,000	20% and anything over $5,000
Network discount applies to deductible?	Yes	(Discount applies)	discount on deductible
Maximum out-of-pocket limits?	No	(No limits)	no maximum
Limitations on reimbursement for certain procedures?	Yes	(See above for limits)	(see above)

Costs	Amount
Premium	$650 per month
Office visit co-pay	$20 per visit
Prescription drug co-pay (generic, name brand)	$5/$15 per prescription
Emergency room co-pay	$50 per visit
Coinsurance (you pay)	20%
Deductible	$350 individual/$750 family max. per year